

INDIAN HEALTH SERVICE
OKLAHOMA CITY AREA REGIONAL EEO

Date:

From:

Subject: Failure to Request EEO Counseling within 45 days

To:

You have brought to my attention issues that you are alleging that were/are discrimination based on your (_____) . You are alleging that on (date(s) here), you were discriminated against when (put issues) here.

From the dates your provided, it appears these issues were not brought to my attention within 45 days (see 29 CFR 1614.105(a)(1)).

Please provide me with information that states why you failed to contact an EEO counselor within the 45 day time limit. **Notice-This does not affect the informal EEO counseling stage. Your informal counseling will continue.** You may use this form to complete your response.

Please submit your response back to me within 10 days of the receipt of this memo. Failure to respond may affect the formal processing of your complaint.

If you have any questions, you may contact me at